	DECLARATION FOR PA	ATENT APPLICATION	Docket No.
As a below named inventor, I	hereby declare that:	·	·
My residence, post office addr	ess and citizenship are as stated be	low next to,my name.	
f believe f am the original, first names are listed below) of the	and sole inventor (if only one name subject malter which is claimed and HOOK AttACh	is listed below) or an original, first for which a patent is sought on the NEW TO SEUCE	invention entitled
(check one) 🔯 is attached her	relo.		•
☐ was filed on _			• •
as Application :	Serial No	(if applicable).	
I hereby state that I have revie amended by any amendment of I acknowledge the duty to disci Title 37, Code of Federal Regu	wed and understand the contents of elerred to above. lose information which is material to stations, § 1.56(a).	the above identified specification,	in accordance with
Inventor's certificate listed belo	enefits under Title 35, United States w and have also identified below an of the application on which priority i	y foreign application for patent or it	ation(s) for patent or nventor's certificate
Prior Foreign Application(s)			Priority Claimed
(Number)	(Country)	(Day/Month/Year Filed)	□ Yes □ No
(Number)	(Country)	(Day/Month/Year Filed)	☐ Yes ☐ No
(Number)	(County)	(Day/Month/Year Filed)	Yes No
Application Number)	(Filing Date)	(Status - p	atented, pending, abandoned)
Application Number)	· (Filing Date)	' (Status - p	atented, pending, abandoned)
atemiand Trademark Office co	e, Registration No.19		all business in the
ddress all telephone calls to		at telephone number701	-772-4311
Addréss all correspondence to	Robert E. Kleve		
	1103_24th_Ave		······································
•	Grand Forks, No.	rth Dakota 58201	, ,
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elief are believed to be true; an ke so made are punishable by (nts made herein of my own knowled of further that these statements were line or imprisonment, or both, under	made with the knowledge that will Section 1001 of Title 18 of the Uni	Ifful false statements and the ted States Code and that
	y jeopardize the validity of the applic	anon or any parant managinaragn	•
full name of sole or first inventor	Tis Stoke Land	Date : 0 - 20 -	2001
	Erstown, N. DAKot		7
	0. Box 647, co	operstown, n	LD.
ull name of second joint invent	or, if any (given name, family name)	3	
econd inventor's signature		Date	
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Applicant or Patentee:	urt, s Stokkel	
filed or Issued:		Docket %.:
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and (b) of Title 35. United	hereby declare that I qualif for purposes of paying reduce States Code, to the Patent an tled Hook bathack	d fees under section 41(a)
the specification: application serial patent no.	filed herewith no, issued	हा) eq
contract or law to assign, gramy person who could not be difficult person had made the i	, conveyed or licensed and am rant, convey or license, any classified as an independent invention, or to any concern to 37 CFR 1.9(d) or a nonprofit	rights in the invention to inventor under 37 CFR 1.9(c)
Each person, concern or organ licensed or am under an obliq license any rights in the inv	uization to which I have assignation under contract or law frention is listed below:	gned, granted, conveyed, cr to assign, grant, convey, or
[X] no such person, cor [] persons, concerns of	ncern, or organization or organizations listed below	•
person, concern or ordar	ed statements are required from ization having rights to the Lentities. (37 CFR 1.27)	om each named invention averting
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all statements made on inform that these statements were ma the like so made are pumishab of Title 18 of the United Sta recpardize the validity of the to which this verified statem	ntements made herein of my own mation and belief are believed ade with the knowledge that wi ble by fire or imprisonment, o attes Code, and that such willing me application, any patent issuent is directed.	to be true; and further llful false statements and or both, under section 1001 tul false statements may
COSTIC STOKKE L	WAVE OF ENVENTOR	NAME OF DIVENTOR
Curtis Stockeland		
Eldipents of Tuneutor	Signature of Inventor	Signature of Inventor
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vale	Date	Date
Name of INVENTOR	Name of INVENTOR	
Or anything Off	Hame of Thechilon	